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Appropriate District Office
DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

10 11								Well API No.			
erator						30.			-025-32188		
YATES PETROLEUM CORPORATION											
Address		NTM O	9210								
105 South 4th St., Ar	tesia	, NM c	8210		Other	(Please explain	n)				
Reason(s) for Filing (Check proper box)		a !s	T	eter of:		(•				
Vew Well		Change in	-	1 1							
Recompletion	Oil		Dry Ga								
Change in Operator	Casinghea	d Gas	Conden								
change of operator give name				THIS	WELL HAS	BEEN PLACE	D IN THE	POOL			
nd address of previous operator					NATED BEL		DO NOT C	ONCUR			
DESCRIPTION OF WELL AND LEASE		Pool Name, Including Formation			Kind o	Kind of Lease No.					
Lease Name	Well No.					am Dann	State, J	State, Foderal or Fee			
Childress AKV		<u> </u>	Sau	inders E	ermo Upp	er renn		1111			
Location				_		220	n _		West	Line	
Unit LetterM	990)	_ Feet Fi	rom The	South Line	and	Fee	et From The		Line	
Oint Detter								Lea _		County	
Section 1 Township	·	14S	Range	33E	, <u>NN</u>	IPM,					
TI DESIGNATION OF TRAN	SPORT	ER OF O	IL AN	ID NATUI	RAL GAS_		Til amount	come of this form	is to be se	nt)	
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Authorized Transporter of Oil X or Condensate A						Address (Give address to which approved copy of this form is to be sent) PO Box 1188, Houston, TX 77251-1188					
EOTT Energy Corporation	on A			\	PO Bo	X 1100,	nouscon	1123	is as be se		
Name of Authorized Transporter of Casinghead Gas X or Dry Gas						Address (Give address to which approved copy of this form is to be sent) PO Box 1589, Tulsa, OK 74101					
Warren Petroleum Corporation											
If well produces oil or liquids,	or limids Unit Sec. Twp. Rge.				Is gas actually connected? When ?			? 1-14-9	4		
			33e	T-14-24							
If this production is commingled with that	from any o	ther lease o	r pool, g	ive commingl	ing order numb	er:					
IV. COMPLETION DATA	110111 411)									biss Parks	
IV. COMPLETION DATA		Oil We	11	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion	- (X)	X	-		X		<u></u>	<u> </u>		_l	
	Date Co	mpl. Ready	to Prod.		Total Depth	·		P.B.T.D.	~ !		
Date Spudded	Date Compl. Ready to Prod. 2-4-94				10123'			10070'			
11-13-93	Name of	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Permo Penn				9901	9901'			10035'		
4184 GK									Depth Casing Shoe		
Perforations								10123	<u> </u>		
9901-9918'; 10001-100	113.	TUDINI	CAS	ING AND	CEMENTI	NG RECOI	RD				
		CASING & TUBING S			D CEMENTING RECORD			SACKS CEMENT			
HOLE SIZE			UBING SIZE		40'			Redi-Mix			
26"		20"	011		405'			425 sx - circulat		rculated	
17-1/2"		13-3/	8"		4130'			1500 sx - circulat		rculated	
12-1/4"		9-5/	8	10123'			1500 s	x DV (7444		
8-3/4"		7''	TI A TOT	TC /0	7/8" @100						
V. TEST DATA AND REQUE	EST FOR	R ALLOV	WABL	$\frac{12-1}{12}$	7/8 @100	133 / r exceed top a	llowable for ti	his depth or be fo	r full 24 ho	urs.)	
OIL WELL (Test must be after	recovery o	of total volu	ne of loo	id oil and mil	Droducing N	fethod (Flow,	nump, eas lift	etc.)			
Date First New Oil Run To Tank	Date of		,				p				
1-4-94	2-4-94					Pumping asing Pressure			Choke Size		
Length of Test	Tubing	Pressure			Casing Pres	Suite _		3/4"-Open			
24 hrs		130						Gas- MCF			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			129			
181		7 7			10	+					
	1										
GAS WELL	11	of Tact			Bbls. Cond	ensate/MMCF		Gravity of Co	ondensate		
Actual Prod. Test - MCF/D	Lengu	Length of Test									
	75.E!-	g Pressure (Shut-in)		Casing Pre	ssure (Shut-in)		Choke Size			
Testing Method (pitot, back pr.)	Iubin	R LIESPHIE (JIIIII)								
VI. OPERATOR CERTIF	CATE	OF CO	MTLI	ANCE	iì	OIL CC	NSER'	VATION !	DIVIS	ION	
I hereby certify that the rules and re-	gulations o	f the Oil Co	nservatio	nc		J.L 00		Î			
Division have been complied with and that the information given above						_		1.1.77		•	
is true and complete to the best of n	_		ef.		Da	te Approv	ved				
is true and complete to the best of h	ny knowled	ige and bein									
	ny knowled		-			Úr	ig. Signed	by			
	ny knowled		·			Ur.	ig. Signed	by			
Juganita S	ny knowled ov d	lest	<u> </u>		Ву	Ur.	ig. Signed and Karl Geologia	be.			
Stranta Stranta Suanita Goodlett -	ny knowled ov d	lest	Super	visor	Ву	Ur I	ig. Signed and Roof Geologie	bg			
Stenande Suanita Goodlett - Printed Name	ny knowled ov d	letion	Super	tie	Ву	Ur.	ig. Signed and Karr Geologia	by,			
Augusta Sugnature Juanita Goodlett -	ny knowled ov d	lest	Super	tle +71 ————	Ву	Ur I	ig. Signed and Karr Gunlag	by.			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.